☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Patch. Date: 6/20/22 Time: 2:30 pm.

Location Address: 11 Kirby RD Cromwell, CT 06416. Telephone #: 860-635-1809

e-mail address: PPatchCromwell@att.net. License #: 12909 Expiration Date: 10/31/25

Capacity: 94/42 # of Children Present: 29 # of Staff Present: 6

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature***_____

Purpose of visit: follow-up -

Observations/Corrections needed:

PIC Christine Felicano - Director.

(NS) 19a-79-4a(c)4(D) - Staffing - Supervision - Per Director, staff have been adhering to the program's supervision policy. Locks have been added to the half door where a child had ~~exited~~ left the program area.

S = Substantiated **(NS) = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Valeria Williams
(OEC Representative)
Print Name: Valeria Williams

Signature: _____
(Person in Charge)
Print Name: Christine Felicano